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ABSTRACT

Special education students and handicapped people generally are among those least valued and most discriminated against by society. This paper explores the experience of women who teach severely handicapped students in an attempt to apply some of the increasingly familiar feminist critiques of women's work in education to this unique group. The paper examines the impact of working in a low prestige occupation with low prestige students, with particular emphaisis on the role of care. The paper argues that the injunction to care in special education, whether it originates from outside special education or from the teachers themselves, largely reinforces devaluing attitudes toward both the teachers and their students. (Four pages of reference conclude the document.) (Author)

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Conflicts of Caring for Teachers of Severely Handicapped Students

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Abstract

Special education students and handicapped people generally are among those least valued and most discriminated against by society. This paper explores the experience of women who teach severely handicapped students in an attempt to apply some of the increasingly familiar feminist critiques of women's work in education to this unique group. The paper examines the impact of working in a low prestige occupation with low prestige students, with particular emphasis on the role of care. The paper augues that the injunction to care in special education, whether it originates from outside special education or from the teachers themselves, largely reinforces devaluing attitudes toward both the teachers and their students.

Conflicts of Caring for Teachers of Severely Handicapped Students

The experience of women (1) who teach handicapped students reveals the interplay of several themes which emerge from a broader consideration of women's work in education. The current low status of teaching and teachers, it is argued, partly results from the long history of teaching as a sexually stereotyped occupation (Deem, 1978; Mitrano, 1978). Not only did women represent a cheaper alternative to male teachers during the development of public schooling, but male and female proponents alike argued that the very qualities that served women as mothers -- caring, patience and understanding -- would make them better teachers than men (Biklen, 1980; Strober & Tyack, 1980). Moreover, teaching children allowed young, unmarried women to "practice" for motherhood. School systems could, then, use the cheap labor without appearing to undermine the homemaker role. For women, teaching offered temporary working status while remaining compatible with eventual marriage and proper domesticity (Bunkle, 1975).

The denigration of teaching (especially elementary school teaching) as especially feminine, temporary, and only semi-professional, continues (Etizoni, 1969; Mitrano, 1978;

Biklen, 1983). Yet like other current schooling critiques, feminist critiques largely fail to address the experience of women who teach handicapped students. But not only have special education teachers traditionally emerged from the predominantly female ranks of elementary school teachers, they emerged to join an even lower status, and sometimes lower paid, occupational subgroup (Tomlinson, 1982). In addition, special education students bestow a "courtesy" stigma (Goffman, 1963) upon their teachers, exposing them to the pity, sympathy and thinly disguised relief of their regular education colleagues.

Throughout its history, public education only reluctantly accommodated the inclusion of more and more variously handicapped groups of students. Compulsory schooling laws at the turn of the century, militant parents in the 1950s, and a string of legal and legislative requirements in the 1970s each generated new eras of public education for increasingly severely disabled (especially mentally retarded) students. Since these students were usually thought unable to learn or progress (at least initially), their teachers sole mandate became one of compassion, care and helping. And women seemed the obvious and appropriate choice for this diluted educational role which even more strongly emphasized feminine domestic characteristics.

However, special education teachers resisted the imposed

stigma of pseudo-teaching by generating a specialized body of knowledge and technique, and aggressively pursuing their own separate professional identity. In the process they demonstrated that their students could indeed learn. As a result, teachers developed increasingly optimistic, and normative, expectations for their students. Yet students and teachers alike continued to occupy a lower status in public education, even to the extent of total separation.

With Public Law 94-142 (The Education of All Handicapped Children Act) this pattern is perhaps repeating itself for the last time. Now all students, even those most severely and profoundly mentally retarded, are official public education students. These newest, most different, students had previously been thought incapable of learning anything at all, not even "the simplest routines of life" (Kirk & Johnson, 1951, p. 10). Now, nearly ten years since the passage of new federal educational policy, questions continue to arise concerning both these students' potential to learn, and the proper educational role of their teachers. Have today's teachers also abandoned a program dominated by custodial care in favor of one with more ambitious goals? How has the fact that special educators are, and have been, predominantly female influenced special education? Do the presumed feminine qualities of care and understanding shape program content more than the needs of students? Finally, what are the issues for women in special education and how

are they similar or different from those of their regular education colleagues?

This short paper cannot hope to answer all of these questions, nor even to delineate completely the application of a feminist critique to special education. It will, however, illuminate one direction for future inquiry by focusing on a particular example: the role of care in special education. By interviewing teachers of severely handicapped students about their work, and placing their experience within a historical context, the paper reveals how the establishment of new, more optimistic goals for handicapped students, ironically leads teachers to embrace new forms of custodial care and protective custody that serve only to demean and devalue both their students and their work.

Methods and Participants

This paper rests on two sources of data and analysis. First, a brief and cursory analysis of leading texts and professional literature in special education since 1900 establishes a pattern of inclusion of increasingly handicapped students into public education. This pattern is characterized by reluctant accommodation, followed by increasing specialization and professionalization, which together result in changing goals and expectations for special education students.

This historical context illuminates a qualitative study

in the theoretical tradition of "symbolic interactionism" (Blumer, 1969; Becker, 1970) (3), which used a multi-subject, "modified analytic induction" design (Bogdan & Biklen, 1982). The focused interviews (Bogdan & Taylor, 1975; Maccoby & Maccoby, 1954) used in this study permitted the interviewer to elicit teachers' own experiences, perspectives, and interpretations of their work in their own words. Taped interviews lasted from one to hree hours. Analysis of complete interview transcripts after each interview revealed emerging themes, topics, and issues for subsequent interviews with the same or a different teacher. Each teacher participated in at least two interviews.

Five women and three men participated in the study. All the teachers described their students as severely handicapped. Some described themselves as "a severe/profound teacher." Each had several teaching experiences and frequently discussed these other experiences to compare, clarify and amplify their comments about their current classes. The teachers ranged in age from early 20s to 50s. Their formal teaching experiences varied from just beginning to 20 years. Four worked in regular public secondary schools and four in segregated public special education schools in a Northeastern state. A school administrator suggested the first teacher participant. This participant and subsequent participants suggested others.

Special Education's Pattern of Inclusion

Reluctant accommodation. The first teachers of new groups of students are rarely well-acquainted with those students. The preferred source of teachers for the early ungraded classes was regular elementary school teachers (Scheerenberger, 1983). In the 1950s, schools drew teachers for the new classes for "trainably retarded" students from the expanded ranks of general special educators. In a similar manner, and as some of the teachers of this study found, experience as teachers of "TMH" students proved sufficient qualification to teach the new "severely and profoundly retarded" students.

Initially, teachers borrow and adapt curricular content from the most readily available general source, frequently ending up with a simplified version of what they have taught before to more able students. Thus, initial teaching content for mildly retarded students continued to reflect a "modified regular curriculum" approach for quite a long time, and "trainable classes" generally imitated the earlier special class curriculum, though at a much slower and simplified pace. When asked why she selected particular tasks as teaching content, one of the teachers in this study replied:

> Probably because it comes down from the more capable, trainable kids, slowly evolving down to these severe and profound kids . . . . I suppose if you had a trainable class at one time, you saw that even the low trainable

kids could sort something usefully, so maybe a severe and profound kid could do the same thing. It kind of evolves its way down -- simplifying whatever it was before.

Increasingly specialized content and professionalization. It is impossible to pinpoint when public educators working in the early ungraded and special classes first thought of themselves as "special" educators. One benchmark is the organization in 1922 of the International Council for the Education of Exceptional Children (later to become the Council for Exceptional Children) by Elizabeth Farrell. But as early as 1911, Farrell used her classroom in New York City as a "training class" for future teachers of ungraded classes, and in 1915 she began editing Ungraded, a journal published by the Ungraded Class Teachers Association (Phillips, 1934). Clearly though, by 1920 teachers of mentally retarded students in the public schools had already turned to each other for information, assistance, and training -- indeed, they sorted themselves into a separate professional group, guided by the presumed unique differences of their students.

Each new influx of uniquely special students generated immediate demands for the development of even more specialized technique and content, and in turn, more specifically specialized teacher training. With the inclusion of severely handicapped students came a call for

renewed effort in the preparation of specialists, because

> the education of these individuals requires training, talent, skill, and precision beyond that required in the preparation of professionals for other groups of exceptional chidren (Perske & Smith, 1977, p. iii).

In 1975 a separate professional organization formed -- the American Association for the Education of the Severely and Profoundly Handicapped (3). By 1984, three of the eight teachers in this study were able to complete teacher preparations programs which specifically focused on students with severe handicaps. A new body of specialzed content and technique emerged. No longer did teachers have to teach "TMR tasks to severe and profound kids" in the same way the development of specialized TMR curriculum freed teachers from teaching "an educable task to a TMR." Academic educators provided teachers with a new functional rationale for generating curriculum content (Guess & Noonan, 1982; Wilcox & Bellamy, 1983), supported by a host of specific instructional techniques and guidelines (e.g., Brown, et al., 1983; Sailor & Guess, 1983).

Such developments have been described as characteristics or traits of a profession, and indicative of the transformation of an occupation into a profession (Etzioni, 1969; Greenwood, 1957). Others, adopting a more dynamic, and sociocultural perspective of the development of professions, examine the process by which occupations seeking to become

professions create a market for their services and then institute a variety of strategies to maintain their conferred professional status and power (Kerr, 1983). Such authors argue that limiting access to information through strategies of mystification, technical jargon, and organizational and administrative barriers in order to preserve professional status and power is central to professionalization.

Throughought its history, special education followed such paths to establish its credibility within the larger tribe of educators, mitigate the low status of special education teachers in the eyes of their regular education colleagues, and secure a growing autonomy (Tomlinson, 1982). Several additional forces and events in more recent history converge to nurture even more intensive professionalization efforts. The general declining student population, combined with an eroding special student population, threatened special education's control and power in relation to generalists in regular education. Increasingly, successful mainstreaming and delabeling efforts not only encroach on the special educator's knowledge base, but thin the student ranks. The arrival of students with severe handicaps afforded public school special educators an opportunity to restore flagging professional status while vigorously shoring up the barriers dividing special and regular education.

Even within the ranks of the newest special educators, some further specialize in particular types of students.

This is particularly noticeable with those students classified as "behavior kids." Borrowing more explicitly from medical perspectives and depending heavily on rationales and techniques of social control, these teachers claim and maintain a portion of the population of severely handicapped students for themselves alone (4). This kind of successive fragmentation is assisted by a conscious expansion of the population of students to include a much wider variety of individuals. Recent redefinition of the range of persons who can properly be labeled "severely handicapped" greatly expands the population to "the lowest intellectually functioning 1% of the school age population" (Brown, et al., in press, p. ii), subsuming the earlier "moderate" category.

Changing expectations and goals. Though initial goals for each group of special education students reflected limited expectations and an emphasis on care, the development of an increasingly specialized approach permitted new expectations that students would become more socially and economically independent. The need to limit initial goals arises because existing expectations and goals for one group of special students cannot easily accommodate another more handicapped group. Thus, initial efforts for moderately retarded students emphasized not education, but care:

> Public school can organize custodial classes...It would not be expected that such children could be educated to care for themselves at the adult level, but through

> training (not education as we usually conceive it) could be taught to function socially at a higher level around the home and neighborhood (Kirk & Johnson, 1951, p. 9-10).

At the same time, educators goals and expectations for mildly retarded students shifted from an emphasis on preparation for future institutional care (Scheerenberger, 1983) to preparation for work as productive and contributory citizens. (Cruickshank & Johnson, 1958).

Similarly, early efforts to describe the goal of public education programs for severely retarded students spoke more to redressing the wrongs of exclusion, institutionalization, discrimination, and abuse (Anderson & Greer, 1976; Sontag, 1977; Thomas, 1976) than to any clear vision of students' future lives. Initially educators hoped merely to teach severely handicapped students anything at all that would be useful in their lives, or to those who cared for them. By 1980 a clearer vision of students' futures, and the goal of their educational programs, began to emerge (Perske & Smith, 1977; Brown et al., 1983; Wehman, 198 ; Will, 1984). This study's teachers believe that while their work may be different from other educators, their objective is a shared one.

> We're teaching regular kids to get a job or to be independent, to be able to make it out in the world; so we have to teach these guys to be out in the world and

do the same things on a different level.

I think a tremendous amount of what I do here relates in fact to vocational functioning. I guess as a citizen most people feel that if you are able to work that you [are] making a contribution. . . .What work would mean for my students is being able to produce something, preferably in a non-sheltered kind of setting.

Failing Expectations, Shrinking Goals

Part of what makes approaches to educating severely handicapped students unique is the degree to which teachers must anticipate their students' future roles in society. Teachers must specifically prepare their students to live and work in their actual current and expected adult environments. However, when teachers carefully examine these goals for their students, they discover such expectations appropriate for only a few. Living and participating in a variety of community activities seem "feasible" for most. But work seems feasible for only a few. The demand of work rejects many of their students who have too few marketable abilities and too little time left to acquire them. As a result teachers informally create new categories and classifications which reconcile students' abilities with "work" by resorting to new forms of "care".

Teachers' assignments of students to various classes or categories are not systematic or perhaps even intentional.

However, their descriptions of students, acounts of how they make decisions about teaching content, and speculations about students' future lives reveal that they informally sort students into five "types" (Ferguson, in press). Each "type" of student not only requires different "functional teaching," but their program will prepare them for a different anticipated future.

The reform vision does fit one type of student. Their functional educations will prepare them for work -- probably in integrated community settings -- for at least substandard wages. There is an expectation that these students might require quite close supervision and support, but also that they will work at jobs "similar to the jobs mildly handicapped kids have had some success getting employment in." They will have choices. A variety of jobs will be available. And they will "be out in the community more. . . rather than all of them going to sheltered workshops" (Ferguson, in press).

For the remaining four groups of students, however, the teachers find such a poor fit between student abilities and demands of adult work that they retreat to articulating new future goals of easier care, enriched care, and the care of protective custody.

Easier care. These students walk, though often slowly or awkwardly because of motor difficulties. Most are considered nonverbal, though many either vocalize or use some

alternative form of basic communication like manual signs, gestures, or communication boards. Unlike their more verbal peers however, these students communicate little, either in substance or frequency.

Teachers find independent futures for these students difficult to envision as work for wages. There are many unique problems that must be solved. One student is banned from cafeteria work for spitting into the food. Another cannot do maintenance work in the school because he makes noises that disrupt classes. Then too, it takes so long:

> You can train them given enough time. But from what I've seen of these kids -- just putting milk in a cooler. It's been three years with just slight changes. . . You don't have time to keep training and training.

Over time the feasibility of <u>working</u> futures begins to diminish. Teachers cast around for alternative future visions, and alternative definitions of work. They recast the function of work from producing things for society and earning wages, to "busy work," designed to ease care.

> The workshop skills for these kids are mainly things to occupy them. If they can be set down to a simple task of sorting that will relieve staff to work with someone else....I don't think anybody's skills in here are ever going to be high enough to be qualified for any sort of an organized workshop....we're mainly giving them something to do to occupy their time. I mean, the other

> skills [they] need to develop are bathroom skills, eating skills, and other self help skills. What other skills do they need to live?

Teachers, too, find their work easier and, at least implicitly, less professional. It is "easier to leave at work." After all,

> I don't have six groups of reading...three groups of math. I don't have all those plans to do. These kids are on such a low level that they are working on the same thing almost every day.

Enriched care. Two other groups of students are seriously physically handicapped. None walk, some rarely move at all. Many have bodies so twisted and contracted by years of neglect that adaptive motoric functon is nearly inconceivable. They have received few services: no therapy, no education, only minimal custodial care. Most are considered nonverbal, but they have fewer communication alternatives, either because of motoric, cognitive, or technological and economic constraints.

These physically handicapped students constitute two group of severely handicapepd students because some are thought to be "bright" and capable while others are not. Those thought to be less cognitively able are frequently not yet attending public schools. All the teachers spoke of them, but as being in other, segregated, institutional settings. As one teacher explained:

[At school] we never discussed k ds like this. I knew maybe, but you were told that you were never going to have to deal with them....Well, they were up at the institution. That's where they were dealt with.

For both these groups of seriously physically handicapped students teachers agree that work will not be in their futures. However teachers have more difficulty envisioning alternatives. The students' physical limitations appear so profound that little seems feasible.

I don't think there are really any vocational options for him....that definitely helps persuade me to the type of program I've developed for him...a combination of including him in the programs so he feels part of the class, and meeting his physical therapy needs and stuff -- making him happy and involved in the program. Right now I don't know [about his future]. It will be bleak.

For Jeff -- he's incapable of being expected to do any kind of work. He's just so physically involved. He knows how to do a tremendous lot of things, but he can't do them. For him I would gear things more toward leisure -- trying to teach him some games. Mostly getting him to interact with other people....He ought to do as much as he can, see as much, enjoy as much.

For those students considered less "bright" teachers questioned the appropriateness of teaching at all.

With these guys, I don't know. It doesn't seem like teaching. Just trying to elicit responses is not teaching....I give them some kind of sensory stimulation -- rub a stomach, noise in the ear, whatever -- and they respond. So that's it....To me it's not teaching. I don't know what you'd call it.

I had good people in my room...a good therapy aide... an excellent teacher assistant. So they helped me along. But I felt, "Well, I'm the teacher, I'm supposed to be showing them what to do." Instead they were showing me. I always wondered why. I mean, these people could do it, why can't they be in here without me?

Again, teachers devalue their own work in the process of devaluing their students' potential for future contribution. They see no way such students can ever functionally do anything. Educational uncertainty extends to future uncertainty. Most who speculate at all describe futures of "total care" with goals of "maintaining their health," "keeping them comfortable and free of pain," "making them happy," or "letting them know someone cares."

The care of protective custody. A last group of students is the "behavior kids." These are not just "kids with behavior problems," but large, older kids with behaviors that involve possibly serious physical risk to themselves or others. Although these students possess a wide range of

abilities, teachers' educational programs are designed to get students' behaviors under control. "You've got to cure the behavior first. [They] can't comprehend a new task and behavior at the same time."

Theoretically, once teachers succeed in "shaping up kids' behaviors," students can transfer to less restrictive and structured classrooms. However, teachers found that such transfers rarely succeeded. Instead the controlled behaviors tended to recur.

> What happens is like with my little Downs headbanger. We moved her to a TMR room. Went down. I mean, just bananas. She went from no head banging for two and a half months to 46 in fifteen minutes. The other day I counted.

Such repeated experiences discourage and frustrate teachers. When teachers try to articulate their students future options, they conclude

> My class is in trouble. I can only probably see one of my kids high enough for a workshop, but he'll never get there unless he gets his behaviors under control. And he's 19. I can't seem him getting them under control in two years.

These students are trapped in the care of protective custody. Work for wages, even "busy work" seems a slim possibility. Their need for safety overrides and eventually supplants other possible learning and other futures. The future for

such students raises so many doubts for teachers that one speculated directly,

> Am I teaching or am I controlling? If I'm not teaching, why am I a teacher in a classroom? If I'm a good controller, maybe a residential coordinator would be a better position. I could ensure their safety for a longer period of time. I would have them 24 hours a day except for the six hours in school. It might not carryover somewhere else, but they would be happier and feel safer for longer.

Fewer women teach "behavior kids" because the physical risks, and demands, are great.

> Ricky's leaving because he's been beating up on me too much. He's going to Tom Grant's class because Tom is bigger. I went to the doctor and he kept talking about wife-beating because of all the bruises I have. I realized he thought my husband was beating me, but my husband doesn't. So Ricky will be leaving.

Yet like their regular colleagues (Deem, 1978), some women resist the patronizing implications of physical weakness.

> I can handle a parson about my size and weight, but I've got two kids in my class that I can't [take down to the floor]...So I think the school is trying to protect me, phase me down....But at the same time, it frustrates me for somebody to say "well, we don't want you to do that because you can't handle it." My personality

automatically [responds], "I can too handle that! I'll break my bones handling it, but I'll do it!"

Conflicts of Caring

Throughout the history of public special education, the demand that teachers "care" because they cannot "cure" served largely to reinforce their positions as different and less valued than those of their regular education colleagues. Unconditional care became associated with a condemning, pessimistic attitude toward the receivers of care because they could not meet normative standards of work, productivity and social contribution. Since defective and deficient students could not be expected to really learn, surely their teachers need only possess compassion and pity, not real instructional expertise. Their teachers need only be those most suited to caretaking: women.

However, special educators repeatedly rejected such limits by actively pursuing a separate identity as a specialist profession within education. The development of special curricula and instructional techniques not only served to mitigate the low status ascribed to them by regular educators, but permitted them to hold new, more ambitious expectations for their students. As professional status and special expertise increased, professional detachment replaced care and the element of compassion diminished in importance.

When this process of inclusion, specialization, and application of normative goals recurred for severely

handicapped students, several conflicts arose. When teachers measured future of work against some students' present skills, they found only large, seemingly untenable, discrepancies. The older the student, the closer to assuming the hoped-for adult role, the more powerful the effect of persisting student failure to acquire the necessary skills. However, rather than substantively altering the future expectation of "work, productivity and contribution," teachers resort to previously rejected forms of care.

Such solutions in the face of the failure of normative goals reflect a deeper, unresolved, conflict between efforts to care and efforts to "cure" (educationally speaking) handicapped people generally. Our allegiance to normative goals through successive reforms directed toward increasingly handicapped people reveals the dominance of our desire to cure. Yet when the cure fails, we fail to care. Even the language of our care expresses the passive and hopeless state of those who must receive it: we "take care" instead of "give care." Alternatively, we need to find a way to emphasize qualitites of compassion and unconditional care without stigmatizing either the student as chronically dependent or the teacher as unskilled and non-professional. Our reforms should be dominated by a commitment to give care regardless of whether or not people respond to our cure. In this way our caregiving can be guided first by a commitment to assist even very severely handicapped people to be engaged

in the world, and to develop a variety of social relationships in various communities of people that resist penalizing them for their lack of economic productivity while enhancing their social contribution.

Footnotes

(1) As in regular elementary education, teachers in special education are disproportionately female. However, the qualities and conditions frequently used to explain this phenomenon are equally applicable to the few men found in such careers.

(2) For a more extensive description of qualitative methodology and its uses in education, see Bogdan and Taylor (1975) and Bogdan and Biklen (1982).

(3) This organization has since undergone two changes in name and is now called The Association for Persons with Severe Handicaps.

(4) The sorting of students with undesirable behaviaors is hardly new, of course. Several critiques of general special education have dealt with this group of students (along with other mildly handicapped students) and the specific issues of social control and economic, cultural and racial discrimination (see for example, Ford, Mongon, & Wehlan, 1982; Tomlinson, 1982).

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